S. No. 2
M—5-43
5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31441

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3961

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gen'l Hosp. No. 2 O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 das. (Specify whether

In this community 16 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 2455 Wabash (If rural, give location) 5

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Carl Edward Sills

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 9 (Day) 1928 (Year)

8. AGE: Years 19 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Louis Sills
13. Birthplace Augusta (City, town, or county) Ar Kansas (State or foreign country)

MOTHER
14. Maiden name Georgia Holiday
15. Birthplace Cotton Plant (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Georgia Sills

(b) Address 2455 Wabash

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 9-17-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14th year 1947 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Shock

Due to Compound Fracture of Left Femur

Other conditions (Include pregnancy within 3 months of death) (non collision)

Duration

Major findings: Of operations 1706-8 28

Of autopsy No - Permit

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 123

(b) Date of occurrence 9-12-47

(c) Where did injury occur? K. C. Jackson - Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Cliff Drive at Brooklyn Ave. (Specify type of place)

While at work? no (e) Means of injury Auto-Trauma

23. Signature [illegible] (M. D. or other) D. C.

Address 2636 - Brooklyn Date signed 9-12-47

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed A. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.